

MDR Tracking Number: M5-04-3903-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-14-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the therapeutic exercises, chiropractic manipulative treatments (spinal and extraspinal), manual therapy techniques, mechanical traction, massage therapy, office visits, self-care management training, gait training, and hot/cold packs therapy from 1/28/04 through 5/28/04 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, the request for reimbursement for dates of service 1/28/04 through 5/28/04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 7th day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

September 16, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-3903-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In

addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 39 year-old female injured her lower back, bilateral knees and right wrist on ____ when she slipped on some fruit peels while working in a kitchen. Her diagnoses are internal derangement of right knee, bulging disc of lumbar sacral spine, and contusion of right elbow and sprain of right wrist. She has been treated with therapy, medications and epidural steroid injections.

Requested Service(s)

Therapeutic exercise (97110), chiropractic manipulative treatments-spinal (98940, 98941), chiropractic manipulative treatments-extraspinal (98943), manual therapy techniques (97140), mechanical traction (97012), massage therapy (97124), office visits (99212 and 99213), self care management training (97535), gait training (97116), and hot/cold packs therapy (97010) for dates of services 01/28/04 through 05/28/04.

Decision

It is determined that the therapeutic exercise, chiropractic manipulative treatments-spinal, chiropractic manipulative treatments-extraspinal, manual therapy techniques, mechanical traction, massage therapy, office visits, self-care management training, gait training, and hot/cold packs therapy from 01/28/04 through 05/28/04 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Medical record documentation does not indicate the necessity for the questioned services. The treatments failed to indicate relief from the effects of the injury, promote recovery or enhance the ability of the patient to return to work. That position is documented repeatedly in the daily progress notes stating the patient had not responded to the extensive treatment previously rendered. Therefore, the therapeutic exercise, chiropractic manipulative treatments-spinal, chiropractic manipulative treatments-extraspinal, manual therapy techniques, mechanical traction, massage therapy, office visits, self-care management training, gait training, and hot/cold packs therapy from 01/28/04 through 05/28/04 were not medically necessary to treat this patient's medical condition.

Sincerely,